

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND

ATTORNEY REGISTRATION FORM

NAME: _____
(Last) (First) (Middle Initial)

If admitted to the bar of this Court under a different name, please indicate below:

NAME: _____
(Last) (First) (Middle Initial)

BUSINESS
ADDRESS: _____
(Firm/Company)

(Street Address and Suite)

(City/Town)

(State)

(Zip Code)

TELEPHONE : _____ FAX: _____

RHODE ISLAND BAR NUMBER: _____ **E-Mail Address :** _____

DATE ADMITTED TO THE DISTRICT OF RHODE ISLAND BAR: _____

DATE ADMITTED TO THE RHODE ISLAND STATE BAR: _____

Have you ever been convicted of a serious crime as defined in Local Rule 213(a)(3) or been subjected to any disciplinary action by any other court or body having disciplinary authority over attorneys?

() Yes*

() No

*If YES, attach a separate statement of the circumstances.

I hereby certify that:

1. I am currently in good standing as an attorney admitted to practice before the Bar of the Supreme Court of the State of Rhode Island and any other court whose certificate I submitted upon my request for admission;
2. I have not been disbarred or found unfit, for any reason, to continue practicing law by any other court or body having disciplinary authority over attorneys; and
3. The information contained in this registration form is true and correct.

SIGNATURE: _____ DATE: _____

MAIL OR HAND DELIVER THIS FORM TOGETHER WITH A \$15.00 CHECK PAYABLE TO: "BOARD OF BAR EXAMINERS" to Clerk, U.S. District Court One Exchange Terrace, Providence, RI 02903

Clerk's Office Use Only:

Date received:	\$15.00 fee receipted:	Admission verified:	Record updated: